

## HSA Application & Salary Reduction Agreement

This Salary Reduction Agreement (SRA) authorizes your employer to reduce your salary by the indicated amount shown below for the exclusive purpose of facilitating a contribution to your Health Savings Account through your Cafeteria Plan. **Do Not Send Contributions With This Form.**

By completing this agreement, you are indicating that as of the effective date of your contribution election, you are an "Eligible Individual" as defined in the adoption agreement and authorize your employer to facilitate your monthly contributions to your HSA on your behalf.

### Instructions

\*Are you a current HSA Account Holder?

☐ **Yes** Fill out only your name in section 1 and proceed to sections 2 through 5.

☐ **No** Complete ALL required information, marked with an asterisk (\*) on both sides and sign the form. Look in the mail for your HSA Welcome Packet, which includes additional HSA services.

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### Account Holder Information (Please Print)

\*Required Field

\*Name: (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Last) \_\_\_\_\_

\*Preferred Mailing Address: ☐ Home Address ☐ Mailing Address (if different than Home Address)

\*Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Preferred Phone Number: ☐ Home ☐ Work

\*Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If we need to reach you what is the best time to call: \_\_\_\_\_ ☐ AM ☐ PM

\*Email Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Social Security Number: \_\_\_\_\_

\*Driver's License Number: \_\_\_\_\_ \*Mother's Maiden Name (security): \_\_\_\_\_

\*School / Agency: \_\_\_\_\_

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### HSA Contribution Election

I elect a monthly contribution of \$ \_\_\_\_\_ to my HSA effective \_\_\_\_\_  
Amount Date

Attention current MSA or HSA account holder with accounts at other financial institutions, please remember that the total annual contributions to all accounts may not exceed federally mandated limits.